

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE						
						APPLICANT(S)							
						CLAIMS							
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND	DEP	IND	DEP	IND	DEP
1	1						51						
2		1					52						
3		1					53						
4	1						54						
5		1					55						
6		1					56						
7		2					57						
8		2					58						
9							59						
10	1						60						
11	1						61						
12							62						
13							63						
14							64						
15							65						
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35							85						
36							86						
37							87						
38							88						
39							89						
40	1						90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	9						TOTAL DEP.						
TOTAL CLAIMS	12						TOTAL CLAIMS						